

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Peart</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <i>New Castle</i>	<b>Date:</b> <i>6-25-13</i>	<b>Time:</b> <i>1:15</i>	
<b>Vehicle Make:</b> <i>Chrysler</i>	<b>Model:</b> <i>BLAZER</i>	<b>Year:</b> <i>1997</i>	
<b>GVWR:</b>	<b>Fuel Type:</b> <i>GAS</i>	<b>Registration Number:</b> <i>PC 470572</i>	
<b>Auditor:</b> <i>Cowdell</i>		<b>Covert / <u>Overt</u></b> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 <u>2</u> 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature: _____			

Revised 04/12/2013

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Chuidian Eduardo</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <i>New Castle</i>		<b>Date:</b> <i>6-25-13</i>	<b>Time:</b> <i>2:00</i>
<b>Vehicle Make:</b> <i>Lincoln</i>		<b>Model:</b> <i>LS</i>	<b>Year:</b> <i>2005</i>
<b>GVWR:</b>	<b>Fuel Type:</b> <i>Gas</i>	<b>Registration Number:</b> <i>2005</i>	
<b>Auditor:</b> <i>Courtside</i>		<b>Covert / <u>Over</u></b> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			



## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <u>Bond Doug</u>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <u>New Castle</u>		<b>Date:</b> <u>6-25-13</u>	<b>Time:</b> <u>7:30</u>
<b>Vehicle Make:</b> <u>MAXIMA</u>		<b>Model:</b> <u>-</u>	<b>Year:</b> <u>1995</u>
<b>GVWR:</b>	<b>Fuel Type:</b> <u>GAS</u>	<b>Registration Number:</b> <u>995 898</u>	
<b>Auditor:</b> <u>Con Drake</u>		<b>Covert / <u>Overt</u></b> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<u>✓</u>		
2. Was <b>Emissions</b> testing required?	<u>✓</u>		
a) Was Emissions testing performed using OBD?			<u>✓</u>
b) Was Emissions testing performed using Analyzer Probe?			<u>✓</u>
c) Was Emissions testing performed using Paddle(s)?			<u>✓</u>
d) Was Emissions testing performed using Clip?			<u>✓</u>
3. Was <b>Catalytic Converter</b> inspection required?			<u>✓</u>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?	<u>✓</u>		
a) Was Fuel Tank pressure testing performed?		<u>✓</u>	
5. Was <b>Fuel Cap</b> pressure testing required?	<u>✓</u>		
a) Was Fuel Cap pressure testing performed?	<u>✓</u>		
6. Is this test a <b>Re-check</b> from a prior failure?		<u>✓</u>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
<u>Inspector Failed vehicle, could not open Hood to test Tank or OILK CRUISER</u>			
Lane Supervisor Signature:			

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Cugmwi Joe</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <i>New Brasyn</i>		<b>Date:</b> <i>6-25-13</i>	<b>Time:</b> <i>1:00</i>
<b>Vehicle Make:</b> <i>BMW</i>		<b>Model:</b> <i>329i</i>	<b>Year:</b> <i>2008</i>
<b>GVWR:</b>	<b>Fuel Type:</b> <i>Gas</i>	<b>Registration Number:</b> <i>VIN Below -</i>	
<b>Auditor:</b> <i>Couda/k-</i>		<b>Covert / <u>Overt</u></b> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was <b>Emissions</b> testing required?	✓		
a) Was Emissions testing performed using OBD?	✓		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			✓
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			✓
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			✓
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			✓
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			



## DMV Lane Technician Observation Report

DMV Technician: <i>Satterfield Audrey</i>		Position: <u>1 or 2</u>	
Station: <i>New Castle</i>		Date: <i>6-24-13</i>	Time: <i>1:05</i>
Vehicle Make: <i>Chrysler</i>		Model: <i>Town &amp; Country</i>	Year: <i>2005</i>
GVWR: <i>6050</i>	Fuel Type: <i>Gas</i>	Registration Number: <i>PC 451677</i>	
Auditor: <i>Countdown</i>		Covert / Overt (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?			
	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?			
	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?			
	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			
			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			
			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			
			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			
		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			
		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			

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## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Que Tran-Hoang, FRANK</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <i>New Castle</i>		<b>Date:</b> <i>6-24-13</i>	<b>Time:</b> <i>1:55</i>
<b>Vehicle Make:</b> <i>Ford</i>		<b>Model:</b> <i>Explorer</i>	<b>Year:</b> <i>2006</i>
<b>GVWR:</b>	<b>Fuel Type:</b> <i>Gas</i>	<b>Registration Number:</b> <i>PC 201301</i>	
<b>Auditor:</b> <i>Conrad</i>		<b>Covert / <u>Overt</u></b> (circle one)	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			